

Town of East Windsor Hunger Action Team

POWERPACKS

Child's Name: _____ Date: _____

Child's DOB: ____/____/____ Gender: _____ Disabled: Yes or No

Address: _____ Circle: BB EW

Known Food Allergies: (Print Clearly) _____

What School: Broad Brook or EWMS Grade: _____ Classroom: _____

Teacher: _____

Parent's Name: _____

Parent's Phone Number: Home _____ Cell _____

Email: _____

How many people in live in the household? _____

How many children live in the household? _____

Household Size	1	2	3	4	5	6	7	8+
Annual Income	\$29,986	\$40,514	\$51,042	\$61,570	\$72,098	\$82,626	\$93,154	\$103,682

Indicate all sources and amounts of income for all members of the household:

Name	Source	Amount	Wkly, Bi-Wkly, Monthly
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Monthly Income: _____

Annual Income: _____

OVER

Town of East Windsor Hunger Action Team

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I, _____, (Parents Name) the applicant for the Power Packs Program, swear that all statements made by me on this application are true, correct, and complete to the best of my knowledge. I agree to provide East Windsor Social Services with the necessary information including earned income, unearned income, and asset information which is needed to determine my eligibility for this program. I agree that the information on this application may be provided to related vendors and agencies for the purpose of the administration of this program. I understand the Town of East Windsor school system and its staff may be provided with my family name and limited information in order to administer this program.

I hereby acknowledge receipt of food products from the Town of East Windsor. I understand that I am receiving these items in “as is” condition and am receiving no guarantee about the condition of the said items.

I hereby acknowledge that the Town is not responsible for injuries or damage caused by the use of this item. The receiver of this item assumes full risk of injury as a result of using this item. I hereby release The Town of East Windsor Social Services, staff, its agents, boards, commissions, from any and all liability in connection with any injury or claim of damages including attorney fees, in connection with the use of the above item.

I, for myself and my heirs, assigns, successors, executors, administrators, and legal representatives, agree to defend, indemnify, and hold harmless the Town of East Windsor, East Windsor Social Services and EW Public Schools, its agents and employees, and all its departments, boards, commission, and agencies, from any and all claims, suits or demands by anyone arising from any damage or injury as a result of the use of the item listed about.

Printed Name: _____ Staff Name: _____

Signature: _____ Staff Signature: _____

Date: _____ Date: _____